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HEALTH

5 SEP 1957

FOUNDED BY THE LATE Dr. U. RAMA RAU

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A JOURNAL DEVOTED TO HEALTHFUL LIVING

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What's New in the News?

Driving on Potatoes

Motor tyres, goloshes, and insulators are being made from potatoes in the Soviet Union. The process, involves a chain of catalytic processes in which the potato pulp produces alcohol, which is converted into butadine, which, in its turn, is converted into a synthetic rubber.—(*Soviet Weekly*, Aug. '56).

Tooth-decay

This will be cut by 50 per cent, by the use of an extract from oat hulls, as revealed by animal experiments made in the Wisconsin University, by killing the bacteria responsible for tooth-decay. For the future there's a great possibility that the agent or agents in the oat hulls might be added to human foods for safe, effective lowering of tooth decay.—(*Today's Health*, July 1957).

A Good Cry Helps to Overcome Emotional Tension

Men might live longer if, like women, they could have a good cry now and then, or some male equivalent, suggests Dr. J. O. Bond of the Florida State Board of Health. Perhaps men need to learn more from women either how to avoid emotional tensions or deal with them in less damaging ways than development of coronary artery disease. Greater stress or less relief from it is only one possible explanation why women live longer than men. Women are more ready to acknowledge illness early and seek treatment for it than men.—(*Today's Health*, July '57).

Highway Hazard

"Calm-down drugs, antihistamines like Benadryl and other drugs to lower high blood-pressure may contribute to motor car accidents, unless prescribed and used very cautiously," states Dr. Harold Brandaleono of New York University. The hazard is that they sometimes make people feel sleepy or drowsy, he told the American College of Physicians.—(*Today's Health*, July 1957).

Leg Ulcers

Varicose vein ulcers can often be healed in weeks rather than months by a new treatment, using human placenta, according to Dr. Fred, R. Denkewalter of Ohio State College of Medicine. Cubes of placental material are placed in the ulcer crater and kept in place by bandaging. In trials on 22 varicose ulcers, 16 were healed in 7 weeks; and in 6 a second treatment effected the cure. The rationale appears to be that placental cells are concerned with cellular growth and stimulate the growth of new cells in the ulcer crater.—(*A.M.A. Arch. Surgery*, 1957).

The Kew Botanical Gardens

An accidental discovery by a London medical research worker, Dr. Nathaniel Ward, helped Kew to become the amazing horticultural incubator that it is. In the 1830's Ward placed the chrysalis of a sphinx moth in a handful of damp earth in a sealed glass jar. Ward hoped to see a moth emerge; instead, a fern sprouted, grew and lived for four years in the tightly sealed jar, thriving on moisture that condensed on the inside of the glass, then dripped back into the soil. Realizing that he had discovered something new, Ward devised a miniature glass-house in which even large plants, sealed tight, could live for long periods.

This ingenious portable greenhouse was the answer to Kew's great problem of how to ship growing plants to and from the distant botanical gardens—voyages that often took months.—(*Reader's Digest*, February 1957).

Tetracycline Useful in Cancer Detection

The antibiotic tetracycline accumulates in certain kinds of cancers, and glows with an yellow fluorescence under ultra-violet light. This may provide a basis for a new technique to help diagnose certain kinds of cancer in human beings, according to Drs. David. P. Rall and his collaborators working at the National Cancer Institute at Bethseda, U.S.A.

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A Journal Devoted to Healthful Living

HEALTH

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WORLD SCOUT CAMP 1957

In the summer of 1907, just fifty years ago, Robert Baden-Powell ran his experimental camp with 22 boys on Brownsea Island in Poole Harbour. During the last fortnight ending with today (15th August 1957) 35,000 scouts from 85 countries lived up together in the 9th International Boy Scouts' Jamboree Camp at Sutton Park in Warwickshire, England. The Duke of Gloucester, President of the Association opened on 2-8-'57 the 12-day Jamboree amidst great enthusiasm. We are glad to tell our readers that India was also well represented, for this year's world camp marked not only the Golden Jubilee of the Boy Scout Movement but also the centenary of the birth of its illustrious founder, Sir Robert Baden-Powell. The twenty-two boys who met in 1907 on Brownsea Island were the forerunners of the Boy Scouts who now, half a century later number some seven millions to be found in 85 countries. To these must be added half as many Girl Guides.

The Scout movement has shown no signs of regression. Indeed, since its founder's death, it has doubled its numbers. Baden-Powell himself once said that "the need for his movement would die out when the schools widened their appeal and humanized their methods." The schools have done so in nearly every country of the world, but the position of the Boy Scouts has remained unaffected. This is because, scouting appeals to certain elemental and universal needs in boy-nature and also because, the activities and methods of the Boy Scouts grew gradually out of Baden-Powell's own experience of life. His

experiences in the South African War had taught him the need to train young men in adventurous activities such as exploring, camping, woodcraft etc., and in roughing it out in the open. Boy Scout training does not overlook the intellectual content; for while there are many opportunities for constructive work with the hands, equal emphasis is laid on developing the powers of observation and deduction. The Boy Scout's activities are designed to develop his inherent skill, and stimulate personal initiative and a sense of responsibility. BADEN-POWELL framed a code of conduct in order to give direction and purpose to these activities. This code, which came to be known as Scout Law enjoined on every Scout "loyalty, self-discipline, service to the community, friendliness, good humour, and other virtues" which make for a happy and active life of service and usefulness to humanity. In 1910, the parallel and complementary organization of the 'Girl Guides' was founded and 4,000 Guides including many girls from Bharath also have joined their international camp held at the same time in Windsor Great Park.

These young citizens-to-be,—Boy Scouts and Girl Guides—who met at the Jubilee Jamboree in England, will have made new friends and will certainly carry back with them to their respective countries happy memories and also an increased knowledge and understanding of others. Our world, has during recent years, unfortunately witnessed the unhappy ringing down of so many curtains by short-sighted political and military leaders that we are tempted to heave a sigh of relief and welcome world movements such as that of the Scouts and Guides which stress at every step the supreme necessity for not losing sight of the fact that the world is indivisible and that men and women everywhere are members of one great family. If we are to be spared the horrors of atomic destruction our young men and women should be trained in the arts of peaceful and healthy living and become imbued with a real zest to preserve it at all costs.

In recent years many organizations have been set up and run by the States, or with State-aid, with the object of enlisting the services of the people in developing our rural and urban welfare and economy. The Bharat Scouts and Guides organization begins its work still earlier—it seeks to mould the very young, from the elementary school stage, into healthy, robust and responsible beings, conscious of their duty to the country but aware also of the fact that they are citizens of the world. "It is with the help of organizations such as these that world-brotherhood, human welfare and peace will become permanent realities in this work-a-day world." And as the Duke of Gloucester said on the 2nd instant at Sutton Park "We shall only then be bringing God's Kingdom of Peace and Good will among men a little nearer."

AGEING PARENTS

Where and with whom a parent shall dwell in the latter years of life is a question that confronts millions of families today. It arises among the rich, the poor, and the people in between, and it can be expected to increase in importance in the years and decades to come. The reason is not far to seek. Advances in medical science, in sanitation, in nutrition and related fields have prolonged the span of human life, so that whereas in 1900 the average length of life in the United States was 47 years, today it is 68. The result is what is called an ageing of the population: of our 1953 population of 153,000,000 more than 12,000,000 men and women were 65 years old or over. Eight per cent of our people, then, were in this age-group, as compared to 4 per cent at the turn of the century.

[*Note*:—The expectation of life in India has also increased from 25 in 1910 to 38 in 1955 and the number of old people of 60 years and over has also increased in proportion.—Ed. Health].

Not only do people live longer, but in general they lead healthier lives. A rather new speciality of medicine, called geriatrics, is concerned with the health and well-being of older people and with the treatment of illnesses associated with advancing age. And although there is a great variation among the elderly in appearance, physical, vigour, and enthusiasm for the business of living, it is in general true that 65, once considered a ripe old age, is a relatively insignificant milestone today. Ironically, the retirement ages established by Governments, public institutions and most industries fail to take into account the fact that 65 doesn't mean what it used to, so that men and women, with productive years still ahead of them, resent and resist having their wisdom and experience taken out of active circulation. The trend since World War II is definitely in the direction of keeping men and women employed as long as they are able and willing to continue working.

[*Note*:—This is true to some extent in our country also particularly at the higher levels during the last 10 years. Ed. Health].

So long as parents remain together in wedded partnership, they usually maintain a separate household, though they may require some contribution from their grown-up children toward their support.

[*Note*:—This is not forthcoming in many cases even when the sons are earning well and can certainly afford atleast a token monthly remittance to keep their old parents in happiness and comfort; but many poorly paid clerks however manage to send a regular small monthly remittance to their aged parents out of their slender resources. What an irony!—Ed. Health].

It is when one of the parents dies and the other is left alone that the question most often arises, "Hadn't we better take Mother to live with us?" The query concerns Mother more commonly than Father because women tend to outlive men; not only are wives younger than their husbands, but woman's

life-span exceeds man's by several years, on the average. Despite the ageing of the population as a whole, this differential remains, with the result that there are always more widows than widowers in all countries of the world.

It is natural that in the first grief over the death of a parent, a son or daughter should wish to extend a welcome to the bereaved mother or father. All too frequently, however, the gesture grows into a burden that becomes heavier with the years (particularly when the son has a domineering wife, or the daughter has a self-centred husband). Mother, having left a home of her own where she was accustomed to cooking and keeping house "her way," may find it difficult to stand by, while her daughter or daughter-in-law proceeds according to her own customs. Wishing to make herself useful in the kitchen or the nursery, she may extend her diligence to the point where it creates strain between husband and wife, and between them and their children. Grandma may become a power in the home, which may not always be a beneficent one. And what may have started out as a temporary arrangement, "until Mother can decide what she wants to do," may take on all the aspects of permanence.

There are, on the other hand, a great many families whose lives have been greatly enriched by the grandparents who came to live with them, helping to care for the small children and also relieving the married couple of baby-sitting and baby-tending. A loving and understanding grandmother or grandfather will always bestow years of *priceless experience* upon the youngsters, and many grateful memories. And with the current trend toward a deeper comprehension of ourselves in relation to our children, the elderly parent can help to improve a situation that calls for mutual adjustment.

Such situations vary, of course, with the individuals concerned and with their resources. The ageing parent may lead a busy life of his or her own. He or she may occupy quarters in the house that are set apart in a way that fosters independence. There are many possible solutions to the problems involved in sharing a home.

It is when ageing is coupled with illness and physical or mental disintegration that the need for specialized care arises. Happily, the modern facilities available today in western countries for the aged and infirm are a far cry from the old folks' home of yesteryear. An up-to-date nursing home is a cheerful place, even for the bed-ridden.

Even when the ageing parent is hale and hearty, one of the married couple or both may feel pulled in two directions by having to share their home at a period when they would wish to devote themselves to each other and to bringing up their children in a close family unit. To many a son or daughter, it might seem heartless to fail to arrange for a parent to live with them,

although in following their own self-interest they may be conferring a benefit upon all concerned. For society in America and parts of Europe is beginning to catch up with population trends, and today there are increasing resources within the community for the housing of our older citizens.

There are pleasant homes for aged women and men, and there are homes for elderly couples, where living becomes a new adventure in an atmosphere of comfort and relaxation. Some are maintained as private enterprises, some are co-operative ventures organized by the aged themselves, some are run by welfare agencies and religious institutions.

[*Note*:—Such institutions are still unknown in India and may take many years to materialize.—Ed. HEALTH].

Many an elderly woman has made a new life for herself by taking in as roomers or boarders a few people of her own age, with whom she can share the experiences of maturity. And many an ageing mother or father, who has threatened: "It will just kill me if you send me to a home for old people," has found peace, contentment, and real companionship in just such an establishment, with happy release from the fear of being a burden. In some communities there are clearing houses that specialize in finding foster homes for the elderly, with nursing care if that is needed. And welfare agencies, especially in larger cities, offer expert counselling to the men and women who come in increasing numbers to seek advice on the care of their parents and information on facilities within their means. Institutions to meet these needs are springing up all over the country (U.S.A.) in response to the growing recognition that the problem which may seem unique to one family or one individual is in fact a feature of our times. And, as medicine and public health measures continue to prevent or cure disease and prolong life, this problem will present itself to more and more young married people. It is also one that they will have to face and resolve when they themselves reach old age.

[People often forget that they will also get old in course of time and will not like *their* sons to show a cold shoulder to them when they need help most.—Ed. HEALTH].

—(From *The Encyclopaedia of Child Care and Guidance*, 1956).

The Game most People Play

'Chess is an art,' maintained Sir Clarence Sadd, Deputy President of the British Chess Federation, when he opened the recent Hastings International Chess Congress. In at least seven foreign universities, it ranks in the curriculum with mathematics, music, and painting. "I only wish that some of our universities in this country would do likewise," stated Sir Clarence, and added: "I suppose that after Association football, more people in the world play chess than any other game. In football and in chess, there are an enormous number of mediocre players who are made very happy by playing."—(*World Digest*, March 1957).

WHAT MAKES A WOMAN MEMORABLE

Charm together with Beauty and not Beauty alone becomes a woman

J. M. BROWN

ACCORDING to Noel Coward, certain women should be struck regularly, like gongs. That is a private matter between the striker and the strikee which I leave to them. I am concerned here with those attributes which make certain women ring out like carillons for many men, whereas other women, lacking these qualities, have no tintinnabulation at all for any man.

My natural temptation is to mention *Beauty* first. It is part of the romanticism of men that they expect women to be beautiful, just as it is part of the realism of women that they are surprised when men are handsome. But beauty is a tricky matter. Even as an ideal, it changes not only from country to country, and from period to period, but from decade to decade in the eyes of the individual male.

Moreover, beauty, without other qualities, is a woefully over-rated endowment. When it has only regularity of features to recommend it, when it has the chill of marble without the warmth of flesh, when it offers no challenge, betrays no interest, and expresses neither joy nor understanding nor animation, *beauty* quickly becomes a bore.

What makes a woman haunt the minds of men is something more than beauty. Charm is the replacement—that radiance of personality which Barrie defined as "a sort of bloom on a woman," adding: "If you have it, you don't need to have anything else; and if you don't have it, it doesn't much matter what else you have."

Charm is the best of beauticians. It puts people at their ease by putting *their* interests first and expressing without self-consciousness a hospitable mind and heart. It is a soft and cushioning quality which conquers by its graciousness.

Beyond such generalities as charm or beauty, there are more tangible assets, *e.g.*, clothes, which command the attention of men. The average man knows nothing about fashions except the effect they have on him and that, for no reason which he can grasp, they are always changing. In general he wants a woman to be neat, smart, simply not fussily dressed, and displayed at her most attractive. Quite rightly he resents it when he senses that she is dressing not to please him, but for the approval of other women! *Above all, he wants her to be feminine.*

Most men are easily embarrassed. They are proud to be with women who are noticed but ashamed to be with those who are conspicuous. They may stare with rapture at the sultrier sirens of the screen in the darkness of cinemas. But in the broad light of day most of them would hate being seen with those same sirens dressed the same way.

With the oncoming years most men realize that character itself

can be the ultimate bestower of attraction. Abraham Lincoln once said that after 40, every man is responsible for his own face. Women may rely on cosmetics and beauticians to help them to look as they would like to look. Yet in the final sense, after 40 they too are responsible for their faces. Written on them, beyond assistance from all artifice, is not only what life has brought to them but what they have brought to life. Each ripening decade can bring its own special appeal to a woman. She grows in interest as her interests deepen, as the first tentative sketch evolves into the portrait which the maturing years paint.

The really foolish age is not youth. It comes when women, faced with age, make themselves foolish by trying to hold on to youth! *Age should be a matter of pride, not shame.* It confers a loveliness of its own in the dignity, distinction and wisdom it brings with it.

Most men seldom find saints or want to. Nonetheless they are quick to recognize that "something" which sets a woman apart for them and makes her a joy to think of, a delight to see and impossible to forget. Luckily for men—and for women—that "something" has infinite variety.—(Condensed from *Vogue*, via *Reader's Digest*, April 1957).

Undescended Testicles

Sometimes a male infant is born with his testicles not yet descended from the abdomen into the scrotum. *In some of these cases the testicles* descend shortly after birth ; in most, they do so when the boys are about 12 or 13 years old.

It is important, not to worry an youngster who appears to have undescended testicles. Frequent talk and examination can make him self-conscious or fearful that he is "deformed." Concerned mothers and fathers can be reassured by the fact that in over 90 per cent of such cases the testicles do eventually descend with the approach of adolescence. The general medical trend, therefore, is to leave them alone. In certain instances a doctor may recommend glandular injections just before adolescence. In the rare situation where *both testicles* are still undescended by adolescence, operation *may be* necessary. Although one descended testicle fully enables an young man to meet all his sexual and reproductive functions, an operation may also be recommended in such cases to relieve emotional disturbance.—(From *'The Encyclopaedia of Child Care and Guidance'*).

[*Note* :—It is most important that the boy should not be constantly reminded and worried about the undescended testis, as this will cause needless alarm and even a nervous breakdown. Ed. HEALTH].

Milk for the Minister

"I drink between a pint and a pint-and-a-half of milk every day" said Mr. H. Amory recently. "Without it I could not have survived the stresses and strains of being the Minister for Agriculture, Fisheries and Food for more than 2 years. In the 2 or 3 years I have been drinking it, I have had fewer colds ; and I am not bursting out of my suits. The increased consumption of milk is perhaps one of the reasons why our young people are now taller and in better health than before the War".—(*Your Mind and Body, W.D.*, June 1957).

FOOD IS GOOD AND ESSENTIAL

(BUT IT MUST BE THE RIGHT KIND!)

Prof. B. C. P. JANSEN,
Director, Eykman Institute of Nutrition, Netherlands.

IN past centuries people ate what they could get; the average life-spell of a man was then only twenty-five or thirty years, as it still remains today in many under-developed countries.

Early in the last century analyses of food and determination of the way in which it is utilized in the human body, began to be carried out in a number of chemical, physiological and veterinary laboratories; and several scientists came to the conclusion that what was important in assessing the nutritive quality of food was the total calories (energy-producing), proteins being kept at a minimum.

We have learnt from later researches that besides the calorie-producing elements and the body-building proteins, food contains small, but highly necessary, amounts of trace elements and vitamins.

The lack of these two, have been responsible for the death of millions of people from deficiency diseases like beriberi, scurvy and pellagra.

The amounts of these substances required by a human being are very small—a few milligrams daily. Indeed, for a recently-discovered vitamin, B_{12} (cobalamin), only one-thousandth part of a milligram in the day's diet is necessary.

For human nutrition you must make sure you have enough "protective" foods (milk, cheese, eggs, meat, animal foodstuffs, vegetables and fruits) rich in vitamins, trace-elements or proteins, *plus* enough calorie-foods (cereals, potatoes, etc.). It is not so much a question of quantity, but of *proportions.*

In an English boarding school, where the diet of the children at that time was regarded as very good, Corry Mann added to the diet of a certain number of the children a pint of milk per day. The children who took the milk became taller and weighed more than the others. But more than that, they became more alert, had better muscular tone and skin condition and had a greater buoyancy of spirit and keenness for work and play.

Better nutrition does not necessarily mean having more food.

The most impressive indication of this truth was obtained in Great Britain during the Second World War as a result of the food-rationing system.

Before the war broke out Sir John (now Lord) Boyd Orr had shown, through animal experiments that the nutritive value of the average English diet, according to modern standards, was not sufficient.

During the war the government acting on the advice of nutritionists rationed the most nutritious foods to the most vul-

nerable groups of the population —the pregnant and nursing mothers and the children. As a a result the health of the population actually *improved* during the war period despite the fact that they were living under unfavourable circumstances such as crowding in air-raid shelters, lack of heating in winter, shortage of clothing, soap, and living space and also the shortage of doctors, nurses, hospital and sanatoria accommodation.

Boyd Orr and Drummond the war time nutrition advisers revolutionized the attitude of administrators and the people towards the question of nutrition by introducing the idea that people should be fed according to their *needs* and not according to their *means*.

Between 1938 and 1949 the average height of London school children increased by about ¾ inch and the average weight increased by about 1¾ lbs.; there has been a definite improvement in the worst areas where war conditions produced greatest retardation and where it was known that progress would be most difficult to achieve.

The Science of Nutrition is now employed in tackling the new problems of modern civilization—the so-called "degenerative diseases" (such as the vascular and heart diseases) which are asssociated with nutrition.

The Science of Gerontolgoy—the study of the problems of ageing may well reveal new ways in which the nutrionist can be of use to the community. For, just as the study of pædiatrics has shown us that the nutrition needs of our children are different from those of adults, so the gerontologists may show that the requirements in old age are different from those of people in their middle years.

The science of nutrition, young as it is, has already contributed much to the health of the world's people: its prime is yet to come and we may look forward to better days when the standard of living in the underdeveloped countries of the East will reach the level of the more developed nations of the world.

—(Condensed by T.N.S.R. from item No. 3 of *W.H. Day Feature Series*).

The Wedding Ring

In bygone days the circular shape of the wedding ring was held to be symbolic of eternity and the continuity of true love which like the circle, has no ending.

Wedding rings have been made of almost every conceivable material gold, silver, ivory, etc., beautified with all manner of carvings or set with many jewels, but the most popular have always been gold, the metal which may be bent but not broken and like true love passes through the furnace purified but indestructible.

The lovely old custom of the blessing of the marriage ring before it is placed on the bride's finger is still retained under a rather different form—the modern bridegroom lays the ring upon the Book of Prayer, where it is given benediction.

The "fourth finger" or ring finger (counted from thumb as first finger) was chosen because of the quaint old belief that from that finger a vein and a nerve ran straight to the heart—where wedded love found its true abode.—(*Express and Star*, Wolverhampton).

HOW TO CONQUER GRIEF

Rev. Dr. JOSEPH P. BISHOP

Words of Comfort for those who have loved and lost......

THE obsequies are over. The strangely excited days which follow immediately after a death in the family are past! The parade of sympathy suddenly ends.

Alone in the empty house, you face the task of piecing life together again. Wherever you turn, you receive a fresh stab of pain, because everything you see or do reminds you of the one you have loved and lost. The future looks like a long, dark tunnel. This experience of grief is felt by nearly everyone. There is nothing we can do to bring the loved one back. In *that* respect, death is final, and undeniable.

But *grief* need *not* be final! Difficult though it is, we must realize that it is neither right nor necessary to resign ourselves to sorrow beyond a reasonable length of time. What, then, can a person do to overcome grief?

We must atonce realize that the law of life, and of happiness, is growth. When we refuse to grow through our experience, even the most painful ones, we stagnate or shrivel into a condition of bitter survival. So our big, major adjustment will be *to face the future*; to look *forward* to new experience, and practise a daily faith that life still holds happiness for us.

You may say: "That can be all right for one who feels less keenly than I. It won't work for me." This would mean that you don't *want* to know happiness again. The very thought of it makes you feel vaguely disloyal to the one who is gone.

This resistance to growing away from grief is to be expected while you are recovering your bearings. But even in your hopelessness, *you must* urge yourself to *take at least three steps forward.*

First: try to understand your own feelings and put them in their place. One of the reasons the long days and nights that follow the death are so difficult is that you have so many emotions which dismay you:—

Anger: You may be angry with life for dealing you this monstrous blow; angry with God, unable to pray or feel His presence, because of the thing you wrongly think God has done to you. And you may find yourself aiming bitter words or actions at the nearest human target. Losing someone necessary to us seems to be the supreme frustration of human experience, and everything within us rebels at accepting the fact of it. If we can understand that anger is a natural accompaniment to grief, we won't blame ourselves unduly. But, realizing that anger lies deep *within us* that it is not, as it seems, caused by other people, we won't blindly strike out at our well-meaning kinfolk and friends.

Remorse: is another feeling which frequently comes with grief. Again and again you may find yourself thinking: "If only I had not said that," or, "How could I have failed him so!" You may punish yourself by remembering every unhappiness your loved one ever had. In extremes of such self-punishment, a bereaved person may even accuse himself of having "caused" the death!

Our tendency, after someone has died whom we loved very much, is to idealize that person. We forget all his

faults and weaknesses; all his foibles and irritabilities. We remember only the good about him. In this process we exaggerate our own faults.

Guilt: Or you may feel guilty, because your feelings of grief do not measure up to the way people think you are supposed to feel. Custom demands that the widowed, or the orphaned, shall demonstrate a certain amount of emotion at the time of the death. If you show too much emotion, you feel guilty; if you don't show enough, you feel guilty for that.

All these feelings—*anger, remorse, guilt* are natural companions of bereavement. If you can *see them happening* within yourself, you will recognize them for what they are, and know that they will pass.

The second step.—You should make a daily practice of letting-go. One instinctive way we react to a great loss is by trying to hold on to the idealized image of the one we have loved.

Now let us not confuse things. There is a big difference between "living with a memory" and the "cherishing of memories."

Nothing can bring more relief from the pain of loss than to recall (and freely talk about) the happy, the tender, and the fun-filled times once shared. But if we are truly grateful for those shared years, we must practise surrendering our dead. We must let go of the past–put our memories in their place.

One thing that often makes it difficult to "let go" is our inability to understand the mystery of death itself. It seems to be finality–the end–for the loved one. No understanding lights his eye. His body is cold, motionless.

If we can understand that the law of the universe is change, and growth, we will gain faith that *death*–in the large sense—*is not finality*.

Even scientists tell us today that matter is not the inanimate stuff it was once thought to be; that the whole universe is an expanding, growing, living organism. It would be a mockery to believe that Creation should point toward making creatures "but little lower than the angels," only to destroy them.

In our visible world, we see many miracles which we may accept as divine evidences of "things unseen." If we can trust that death is but the turning of a page to a new chapter of living, we gain strength to commit our loved ones to God's care. (*The Hindu law of karma is based on this concept.* Ed. HEALTH).

The third step in conquering grief is to move forward. Work is one way. For a widow, this might mean going back to school for special training. It might even mean moving to another place—and that can sometimes be good.

Don't be afraid to take on more responsibilities, or to do more community work. Don't be afraid to welcome new friends, while remaining loyal to old friendships. *Be busy and interested, and you'll have little time for brooding*.

One danger to avoid is that of trying to substitute a shining new love for the one you have lost. *For example*, if it was your child who died, much better for you to spread your love among

many children than to cling possessively at one.

If it was your husband (or wife), or your sweetheart you are wise to direct your devotion among *people* rather than too quickly forming a deep, new personal attachment.

One's need for love, while grief is fresh and raw, tends to cloud one's judgement; close attachments formed impulsively may lead to regret. This facing the future, and moving forward into it, isn't just one way you might take. *It is the only healthy way!*

If you let yourself stand still, life will give you the go-by. If you try to set the clock back, your burden of grief will increase and become more and more intolerable. But if you decide to meet life half-way, there are numerous rich and satisfying things that await you. *Conquering grief is therefore largely, a matter of attitude, and of action, and of faith.*—(*Farm Journal*, U.S.A., April 1956).

LEGISLATION GOVERNING MIDWIVES

THE profession of midwife is becoming more closely associated with that of nursing than ever before. The basic training of the midwife nearly always includes a partial and sometimes a complete nursing course. In some countries the two professions are regulated by a common council and there is a growing tendency to refer to a midwife as nurse-midwife or maternity nurse. These women now extend their practice to include prenatal and postnatal care rather than limiting it to assistance during delivery. Although in the United States most normal deliveries are attended by an obstetrician, trained midwives still play a leading role in England and the Scandinavian countries, and in many countries where there is a shortage of medical and ancillary medical workers most mothers are still delivered by the old type of midwife (*dhai*) with little or no formal training. In these countries health authorities would like to limit the practice of midwifery to qualified midwives but because there are not enough of these available they are trying in the period of transition to obtain legislation to require the untrained midwives to take elementary courses or be given only a temporary license. In some countries unqualified midwives are permitted to practice only in specified areas, usually rural, where there are not enough qualified midwives to meet the need. Some European countries now require each midwife to take a refresher course at regular intervals throughout her career. Where strict legislative control is exerted the procedures a midwife may perform, the drugs she may use, and the circumstances under which she *must* summon medical aid are all carefully defined and she is required to keep a register of cases attended.—*(Chr: W.H.O.; World Medical Journal*, March 1957).

Lit up for 12 Years

The Research Laboratory of an American Railway Company has announced the development of a radio-active lamp that will shine for 12 years before it needs refuelling. The secret of the light is radio-active gas trapped in a partial vacuum between coated lenses that can be tinted to the various colours needed for Railway semaphore and other signals.—(*News in Science*).

ARE YOU ALLERGIC?

How often we hear the word "allergy" used to explain away a condition! People say they are allergic to this or to that, often without knowing exactly what it means.

The word "allergy" was first applied some fifty years ago to describe the abnormal reactions produced in some individuals to inoculations with smallpox vaccine and horse serum.

It is now known that 5 to 16 per cent of us react in this way to a whole host of proteins and other substances present in the food and air around us.

The best known of these are plant pollens, animal danders, feathers, and dust: offending foods include dairy produce, meat, and some kinds of fruit e.g., *Papaya.*

Once the foreign protein, or antigen, is in the body it provokes the tissues to produce another protein in the antibody, with which it combines. This neutralizes the toxic nature of the antigen, and so is protective.

Unfortunately, in sensitive people this union in the tissues frees various chemical substances, including histamine, and the result is the well-known nettlerash kind of weal, or the running nose of hay fever.

Histamine also contracts the smooth muscle of the internal organs, and in the lung the resulting restriction of air produces asthma.

Absorption of antigen through the skin leads to a shedding of the surface layers, and sometimes dermatitis.

Heredity plays a part; it has been proved that 75 per cent of children have a tendency to allergies if both parents are susceptible, that 50 per cent may go free if only one parent is affected.

It may not be the same allergy; the son of an asthmatic father may have eczema or hay fever, or even all three. Worry and emotional tension especially aggravate the condition.

The principle of treatment in most adult cases, once the offending protein has been determined, is to inject minute, steadily increasing doses of this protein, and so build up the supply of neutralizing antibody until there is an excess. However, in children with food allergies this often happens spontaneously in the normal course.

When the foreign protein cannot be traced, the symptoms of the allergy are treated with antihistamine drugs; cortisone or corticotropine. These are not a cure for allergic disorders, but merely damp down their violence.—(From "*Family Clinic,*" by the *Sunday Times Doctor*).

Advice to Old People

You need not change your diet because you are over seventy; the vital thing is to curtail the total calorie intake. *The old rule of thumb*—'eat as much as you can under forty and as little as you can over 40' is not a bad one.—(*The Sunday Times Doctor*, London).

NEW HOPE FOR ACNE PATIENTS

THOUGH *Acne* tends to fade from the skin after adolescence, its aftermath is often cruel. It often leaves permanent scars not only on the skin but on the personality—setting behaviour patterns of feeling unwanted and alone.

Acne is no mere complexion problem but a complex chemical mystery far more than just skin deep. It's an internal chemical upheaval at a critical time of life, a disturbance so widespread that few escape some evidence of it.

The sex hormones, hugely increasing in the blood at puberty as they turn boys and girls into men and women, are usually the basic cause of this trouble of the skin. This temporary excess of hormones triggers over-production of oil by the little lubricating glands attached to the hair follicles in the pores, especially those of the face, chest and back.

The excess oil, mixed with skin cell debris, dries on the surface of the skin, plugging up the pores, forming the blackheads which are the first subtle sign of acne's subsequent red flame. Underneath the blackheads the oil keeps pouring into the plugged-up hair follicles; body chemicals, unable to escape, irritate the distended follicle walls; normally harmless skin microbes, trapped inside, cause infection.

This gives rise to the eruptions of papules and pimples. In young people whose oil glands are especially susceptible, it leads to serious, disfiguring, full-scale acne.

The first step in treating acne is for the sufferer to learn how to wash his face. Hot water and soap should be worked into a lather and rubbed in thoroughly with a face-flannel several times a day, followed by a drying lotion. This systematic washing softens blackheads, dries up excess oil and causes a mild peeling that unplugs the pores.

The patient's next duty is to stop the fascinating yet dangerous indoor sport of squeezing and needling blackheads, bumps or pimples before a mirror.

Properly washing the skin—and keeping hands off it—improves and even arrests many cases of acne. But for stubborn, severe cases there is another weapon :—mild X-rays, which curb the too-enthusiastic production of oil. Follow-up studies over 20 years have proved that nine out of ten cases of acne are materially helped by *just the right amount* of X-ray. Over-dosage has caused some justifiable medical fear of X-rays for acne. But it is now known that in the right hands this treatment is not only safe but highly effective.

Even when this treatment has had its effect, however, there may be relapses. The mysterious flare-ups are sometimes caused by iodine, sea-food, shellfish and the bromides in cough medicines and sedatives. Chocolate may trigger new eruptions. The same *may* happen after eating excess of sweets or fats, or peanuts or strong cheese.

The affliction may be perpetuated by an upset chemistry, beyond the hormonal, of the entire human being. Persistent acne often clears up after treatment of infected sinuses, tonsils or teeth. A regimen of plenty of sleep, outdoor exercise and a well-balanced diet may often speed the action of skin care and X-ray. It seems as if an unhealthy skin can be cured only by a healthy body.

And now comes new hope against what, until the past few years, have been the most stubborn and vicious culprits perpetuating severe acne. These are the ordinarily harmless microbes that live invisibly and placidly in the skin of every human being. These microbes –especially the staphylococcus –seem to resent imprisonment in the plugged skin pores that are the beginning of acne. Then they turn nasty, preying upon the hair follicles that have been damaged by distention with excess oil, or allergically irritated by certain foods, or wrecked by their owner's squeezing and picking. These formerly gentle microbes are responsible for acne's purulent inflammation.

They do not yield to local antiseptics; in severe acne there are too many pussy pimples for doctors to treat them with locally injected penicillin. But now to the aid of the physicians have come the new wide spectrum antibiotics, the tetracyclines. They are the most powerful of all medical weapons against severe purulent acne.

The tetracycline capsules are taken internally; the secret of their success is the keeping up of an effective antibiotic concentration in the blood. This demands that patients keep up their daily intake, in the exact dose prescribed by the doctor.

Though there is no "magic bullet" cure for acne, the splendid hope of controlling this blight of youth is shown by the success of doctors at the Columbia University who used many weapons on 384 disfigured chronic sufferers.

The medical attack started with small, safe doses of the synthetic female hormone, stilbœstrol. In both boys and girls, it is a disturbed balance of their natural hormones that starts acne mischief. Stilbœstrol, restoring hormone balance, began to clear eruptions in many cases.

Then the disease was dealt another blow. Antibiotics were administered: tetracycline, chloramphenicol, streptomycin, chloromycetin. The doctors selected the antibiotic to which the microbes in each case were found to be most sensitive. Now, in many more patients among the 384 treated, the eruption was controlled.

Then the investigators tracked down another acne criminal—focal infection. In 45 cases the acne was helped by removing staphylococcus-infected tonsils or abscessed teeth or treating sinuses.

They went on from this to the treatment of the whole young man or woman. Patients were

put on low-fat, low-carbohydrate, high-protein diets, *plus* vitamins and liver. Since acne in some cases may be aggravated by worry, the doctors corrected emotional upsets.

Summing up the result of their multi-barrelled treatment of these stubborn cases, the doctors describe their success as "overwhelming—pleasing to a degree beyond expectation." They report that 94 per cent of their patients were improved or cleared up completely.

Even when acne has left skin scars, much disfigurement can be wiped away by skin-planing operations (using sand-paper).

Now doctors making use of what has been learnt should be able to clear up or at least control most cases. They can change youthful despair to hope and confidence—if the young acne victims will only follow their advice.—(Condensed from *Today's Health* by Paul de Kruif).

TRAUMA IN TRAFFIC ACCIDENTS

MORE useful years of life are lost because of trauma than because of any disease, including cancer and heart disease. For the most part the people involved in automobile accidents are, otherwise, healthy and usually in the active, productive years of life. The permanent disablement or death of a young man with a dependent family, or of a young mother, is a serious loss to the community. The reclamation of such persons is most important......

The multiple injuries, seen as the result of traffic accidents, do not lend themselves to any preconceived order. First things must come first, and the physician must use judgement as to the relative priority of such multiple injuries. Thus, generally speaking, respiratory difficulties have the highest priority for treatment, but it would be foolish indeed to spend 20 minutes aspirating a mild pneumothorax while the patient was bleeding from a large, open, accessible vessel. And again, it would be equally foolish to worry about a bleeding radial artery in a patient with complete obstruction of the airway.

As examination and treatment proceed, governed by priority of the severity of the various injuries, it must be remembered that finally a complete, orderly examination of the entire patient must be done...A large percentage of traffic accidents result in only minor injuries, but the total number of people severely injured and killed each year on our streets and highways is great. We must take the best care of these accident victims that we can, for, truly, they are our most pressing problem in terms of the loss of useful and productive years of life.—(*World Medical Journal*, March 1957).

Dr. O. S. Arth of Wisconsin reports that cortisone cures cases of acne in many cases but causes acne in others.—(*Science Digest*).

DON'T FRET ABOUT YOUR DEFECTS

A Medical Psychologist

It is possible to achieve success without the anxious striving which produces nervous breakdown and other illnesses

THE fundamental error which leads man to wear himself out is the competitive spirit. This world is not big enough and our lives are not long enough to do all the "conquering" we hunger for: there is always something beyond. We are perpetually climbing the peaks and never realize that life can be very pleasant in the valleys.

Yet it is possible to "achieve" without the anxious striving which produces nervous breakdown and other illnesses. *The secret is: substitute acceptance for competition.*

One's only rival should be yesterday's self. One can always improve on yesterday's performance in the art of living. One can regret irritability and impatience and resolve to do better in future. But one should not worry about things beyond one's range or competence.

Among such things are the events which still lie in the womb of time. It is only the present moment which can be put to use. One must make the best of it.

The basic attitude to life which determines character usually starts in childhood. The child must naturally be ambitious. He has to add to his abilities and achievements daily. He should get inspiration and encouragement from his elders. He should not be put into competition with them.

To say "You will do better if you keep on trying" is teaching the right attitude. But to say "Why can't you do like so-and-so?" is discouraging and brings in the wrong spirit.

The child's position in the family also, can be a determinant factor in its outlook on life.

The eldest child may feel burdened by the hopes and ambitions of its parents, besides feeling responsible for "setting an example." The result can be that in its own mind its performance always falls short of what it feels it ought to do.

The youngest may suffer through not realizing that his inferiority in size and strength is something which time will cure. He may make the mistake of accepting a position of inferiority as permanent and so failing to achieve his full stature because he carries into wider life the sense of being the "youngest."

The happy mean comes through knowing and accepting oneself. 'But to know oneself is not easy because of the preconceived ideas of the self inculcated in childhood.'

Progress is made as soon as the individual realizes his uniqueness and that he has the right to be himself, instead of trying to overtake, or to fulfil the ambitions of his parents.

No individual can make the

best use of himself if he is divided against his natural self.

Those who feel themselves too precious to be risked will accomplish nothing. On the other hand, he who sets out to improve the performance of yesterday must infallibly make progress.

Defects of personality must be regarded as challenges to be accepted and conquered.

The principle in conquering disability is the same. Do not be discouraged "*because of*," but strive to achieve "*in spite of*."

A friend well past middle-age, while leading an active life, had to suffer the amputation of a leg.

Afterwards his first difficulty was to achieve a balance. A momentary lack of support would send him whirling helplessly to a fall. It was months before he felt any confidence in standing even when well supported.

The next step was to learn to use crutches, not just in a spread-eagle fashion, but with freedom and a certain amount of elegance.

This achieved, he was able to enjoy locomotion, but the snag was that the crutches occupied his hands, and he could do very little else. He looked forward to his artificial leg. When it came it was a crushing disappointment.

It felt heavy and unwieldy. He felt as though harnessed to a cart. He felt seriously tempted to return to the freedom of crutches, but his aim was to become not only independent but able to be domestically useful.

He had to conquer his unspoken fear of descending stairs which for more than twelve months appeared as perilous as mountain climbing. It seemed impossible that he could ever walk without the support of two sticks. But now, five years later, he needs no stick in the house and only one outside. He was thrilled to be allowed to dry a tea cup during the early stages. But now he is happy if left to manage the whole business of washing up.

He is one of those who make it an exhilarating habit to surpass the self of yesterday. He does not fret because he is unable to catch up with those whose anatomy is still unimpaired. This man is a striking example of what can be done by acceptance and following the precept "*in spite of*."

This is the attitude of the mature personality.—(*Psychologist Magazine*, via *English Digest*, February 1957).

Co-ed in Modern Universities

"The presence of women in the modern University is not entirely to the good," Prof. G.T. Chapton, Professor of Language and Literature at Leeds University told 400 boys and girls at the annual Six Form Conference, at Blackpool. "There is a great deal of aimless philandering, a passage from person to person, wasting time in nooks and corners which result in nothing but superficial experience. Some girls just wasted their University time and got neither a good man nor a good degree."—(*This, That, and the Other* ; *W. Digest*, June '57).

THE CONTROL OF POST-EXTRACTION HAEMORRHAGE
IN DENTAL PRACTICE

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POST-EXTRACTION hæmorrhage is very common in dental practice and dentists must be prepared to meet this emergency with suitable equipment, adequate knowledge and great resourcefulness. In all such cases the first step consists in removing all blood and clot and ascertaining the source of bleeding, whether from the socket or from the soft tissue.

Hæmorrhage may be arterial, venous or capillary and their periods of occurrence may be classified into primary, intermediate and secondary. Primary hæmorrhage occurs immediately following the division of the vessel; intermediate hæmorrhage occurs some hours after the division of the vessel; and secondary hæmorrhage results from the ulceration of the vessel-wall before the clot has become organized; this is usually due to infection, but does not occur until two or three days after the injury. Arterial bleeding is usually located in the socket of the tooth and may be arrested by packing the socket firmly with absorbent cotton wool soaked in Tannic acid or Adrenaline chloride, Tr. Ferri perchloride or such hæmostatics as fibrin foam, gelatine sponge or oxidized cellulose with or without thrombin. When it is necessary to apply pressure upon the wound in order to control bleeding, absorbent cotton wool should be placed over the wound between the jaws and the patient instructed to keep biting it for some time. Other measures to control post-extraction bleeding are by ligaturing vessels that are bleeding, the use of sutures and cauterization (by heat or chemicals). Another effective coagulant is fresh human blood soaked in cotton and applied to the surface. In cases of profuse bleeding which do not respond to the above treatments, blood transfusion is the only remedy which would increase the coagulability of the blood and control the symptoms. *For patients with a history of bleeding, the administration of whole blood before extraction of teeth is usually beneficial.*

The normal clotting time of blood is usually from 5 to 8 minutes. When it takes longer, it indicates that the walls of the vessels have lost their tone preventing the normal contractions which close the lumen. This abnormal condition is brought about by certain diseases. An abnormal bleeding tendency with delayed coagulation is termed, '*Haemophilia.*' This disease usually affects only males and when rarely it is found in a female her male children often exhibit hæmophilia. If it takes 20 to 30 minutes or longer for the blood to coagulate in any case, the subject is a true hæmophilic and great care should be exercised when extracting the teeth of such patients. It is better to hospitalize patients with a history

of bleeding, who require extractions of teeth. The most convenient treatment for patients diagnosed as bleeders or probable bleeders is by appropriate measures taken to accelerate the coagulation of blood before extraction. Calcium salts are usually effective for the purpose. Ten to 15 grains of Cal. lactate or Cal. chloride are given 3 to 4 times a day for not more than three days prior to extraction. This usually aids in the prompt coagulation of blood. It is better also to avoid multiple extractions in such patients; as a rule the extraction of one tooth at each sitting will be always safe in such cases.

LUNG CANCER AND SMOKING

(A Statistical Review by R. DOLL, M.D., M.R.C.P. and A. BRADFORD HILL. O.B.E., F.R.S.)

A STUDY of 1,500 patients with lung cancer and over 3,000 patients with other illness revealed :-(1) a higher mortality in smokers than in non-smokers; (2) a higher mortality in heavy smokers than in light smokers; (3) a higher mortality in cigarette smokers than in cigar or pipe smokers; and (4) a higher mortality in those who continued to smoke than in those who gave it up.

Mortality rate from lung cancer :—in one group studied was :- 0·07 per 1,000 in non-smokers. 0·47 per 1,000 in light smokers of 1 to 14 cigarettes a day; 0·86 per 1,000 in medium smokers of 15 to 24 cigarettes a day; 1·66 per 1,000 in heavy smokers of 25 cigarettes or more a day.

Death-rate of heavy smokers is approximately twenty times the death-rate of the nonsmokers.

The general mortality rate in those who continued to smoke cigarettes on November 1, 1951 were as follows :—0·95 per 1,000 for smokers of 1 to 14 cigarettes a day; 1·67 per 1,000 smokers of 15 to 24 cigarettes a day; and 2·76 per 1,000 for smokers of 25 cigarettes or more a day.

It was approximately forty times the death-rate of the non-smokers. This is true for all ages.

Mortality from heart disease (*coronary thrombosis*) is significantly more in smokers than in non-smokers. This trend is distinct only in *the younger ages, 35 to 54 years.*

6. *Three other causes of death* show a steady increase in mortality from non-smokers to heavy smokers :—chronic bronchitis, peptic ulcer, and pulmonary tuberculosis.

For chronic bronchitis, the increase is sixfold from 0·12 per 1,000 among non-smokers to 0·72 per 1,000 among smokers of 25 cigarettes or more a day,—(*Br. Med. Journal* of 10th Nov. 1956, pp. 1071 to 1081).

It is stated that smoking may be an important cause of the breakdown of healed or quiescent pulmonary tuberculosis in adults and may easily account for a considerable part of the excessive male mortality noted in middle and late life.-(*B.M.J.*, 10-11-'56, pp. 1081-86).

Preventing Lung Cancer

DR. RICHARD DOLL'S lucid review of the evidence against tobacco smoking as a causative agent of lung cancer, given to the *London meeting of the Royal Society of Health (R.S.H.) on 3rd April 1957*, preceded by a few days the Registrar General's announcement of a further rise in deaths from this disease, again mainly amongst men, but also in women, in 1956.

Dr. Doll reminded us that the statistical retrospective method of inquiry amongst actual victims of the disease, originally carried out by Professor Bradford Hill and himself over seven years ago, has now been used again in 19 instances and in seven different countries, and that all these studies have led to similar conclusions. Moreover, Doll and Hill's forward-looking study which began by recording the smoking habits of 40,000 British doctors in 1951 has already shown a strikingly higher rate of death from lung cancer amongst the heavy smokers: *doctors who continued to smoke 25 cigarettes a day or more from the time of registration have suffered a lung cancer mortality 40 times higher than that of the non-smokers!* The American Cancer Society's prospective study amongst 200,000 men aged 50 to 69 years who were interviewed in 1952 has shown similar esults.

Mr. R. W. Raven, speaking at the same meeting, produced another piece of evidence, this time on the sociological side, which suggests very strongly where some preventive action should be applied forthwith. He said that an inquiry carried out by the Marie Curie Memorial Foundation amongst 141 schools (preparatory, secondary, modern, grammar, and public) had found many children who had begun smoking as early as at eight years and inveterate addicts in the 13 to 14 years age-group; there seemed to be an inverse relation between smoking habits and success achieved in work or games. The same state of affairs has been found in a local inquiry by a school medical officer, and the need to give positive teaching to school children has been argued by another.

One speaker in the R. S. H. discussion suggested that the next preventive step should be a study of smoking as an addiction and of how this can be broken—to our mind a more practical approach than the rather Draconian prohibitions which Mr. Raven would like to see imposed. But, either way, *the case for action against smoking* on the evidence now available in respect of lung cancer, not to mention bronchitis, *is an incontrovertible one.*—(*The Medical Officer*, London, 12-4-1957).

Atom power for steel production is being tried by American and German manufacturers, for reducing steel directly from ore. (*New in Science*).

The First Rule for Happiness—Work

FREDERICK ECKER

"If I were to suggest a general rule for happiness, I would say: 'Work a little harder. Work a little longer. Work'!"

There has grown up a philosophy which may make my suggestion look like a copybook maxim of an outworn day. There seems to be a general belief that work is merely a means of securing leisure, that we work in order to be released from work. That attitude is fatal to creative endeavour and progress.

When I speak of work, I do not mean the mere performance of an irksome task. Real work consists of solving the problems of life for oneself and others by unceasing thought and action. In brief, work is man's functioning at his best—to the best social advantage. I cannot imagine anyone wanting to take a holiday from it.

It is easy for youth to be misled by such terms as the "new leisure" and the "six-hour day." These terms are used in discussions of employed labour, however—not of work. Work is timeless; it knows no limitations except those of energy. One can lose a job; one need not lose work.

On the other hand, do not be deceived into thinking that you are at work simply because you are employed eight hours a day. Where is the mind when the hand is pulling the lever? Where is the imagination while the motor is humming? A great firm of carriers was founded by a messenger who worked while he delivered parcels, he thought while he did his errands. A barber once became an oil magnate because he studied geology between customers.

Real work in life is accomplished after the job is done. Antony van Leeuwenhœk, the famous Dutch naturalist, had a routine job in a merchant's office. When he left the office at night, he went to work grinding lenses for microscopes. Through these tiny windows he peered into the world of the invisible, and discovered bacteria. That was his work. He pursued it until death.

Self-fulfilment is not achieved in leisure. It comes of suffering, toil, discipline—work! Novels are still written on kitchen tables when the plough is put away. Repetitive labourers still study their machines while they stamp out metal patterns—study and think and devise improvements.

Talent? Ability? These are almost beside the point. Work is the principal factor. I say that if one ploughs the field and sows the grain, the harvest will come as surely as day follows night. We make our talent, ability, even genius, through discipline and endless work. No philosophy of do-as-you-please leisure, of loafing and inviting the soul, can outwit the necessity of work as the forerunner of harvest and the fulfilment of self.—(*Reader's Digest*, April 1957).

EAT YOUR TROUBLES AWAY

THE CALENDAR—A LIAR?

When my old friends John and Sandra announced the birth of their first child, I dropped everything to pay them a visit. And I was delighted to see a bonnie baby in the crib.

"He should live to be 150," I told the proud parents.

Both of them laughed at my prediction. So I countered with the question, "Why shouldn't he live that long? Sandra planned for him by eating the right foods and taking the vitamins and minerals necessary to give her child a good start. You both have followed my high-protein, vitamin, and mineral diet for years and so, you have given your child a healthful heritage."

"People don't live that long now-a-days," they said.

"There is no reason that they can't." I assured them.

"Scientists are finding that man's natural life should span 150 years. If scientists can increase the life-span of laboratory animals by 50 per cent with special diets—why can't special diets, containing elements necessary to postpone the ageing process, increase proportionately the longevity of humans?"

Rather than think of ageing in terms of calendar years, we should recognize old age as the disease it is. And we can prevent premature old age through diets capable of building up body resistance and keeping us internally young.

You aren't old because the calendar says you are sixtyfive, seventy, or even a hundred. You are old because a number of complicated biochemical changes have been allowed to take place in the tissues and cells of your bodies.

John's and Sandra's child's chances to live to be 150 will increase in direct ratio to the food and loving care his intelligent, health-minded parents will bestow upon him. They will feed him plenty of proteins for growth; vitamins to keep his body in good health; minerals for firm bones and teeth.

These parents will never deny their son the foods that will make him strong enough to call the calendar a liar, time and time again. The earlier the start, the longer the life.

When the famous woman flyer Jacqueline Cochran was asked by a friend how she managed to keep her never changing youthful appearance—despite her strenuous activities—he was told:

"There are two things in life, I have no concern about." Miss Cochran said. "One is death and the other old age—I'm too busy living to think about it. Being alert helps you to stay young."

And paying attention to the rules of nutrition—proteins, vitamins, minerals—is a sure way to help you to become and to stay alert!—(Condensed from the book published by Herbert Jenkins, London).

Doctor-Patient Relationship Today

The doctor-patient relationship carries certain fundamental principles which will endure whatever the future of medicine. Among these principles is that medicine is a fiduciary profession, meaning that a doctor's ultimate government is fidelity to a task entrusted to him; this fidelity implies the highest degree of technical skill, coupled with compassionate sagacity and deep wisdom. Next, although my main theme tonight will be the reliance of the art of medicine upon science I would ask you to accept the fact, at this stage, that medicine is not a science in its own right. It may be a science in the making, but even that is doubtful. Certainly medicine uses science and employs scientific knowledge, but medicine is an art or, as our predecessors said with what sounds like irony, it is a 'mysterie'. For consider again the doctor-patient relationship in its essentials. When a doctor looks at a patient he is not looking at a damaged or deranged piece of machinery. Comparisons between a human being and a machine, though commonly made, are facile, meretricious and very misleading. A sick man is not just a broken down engine. He is, instead, in his body and mind at any rate, a mammal of very late tertiary times harassed by his environment, scratching a living with difficulty from the surface of the earth, attacked, intimidated, undermined and often exterminated by invisible hosts of germs which share the earth with him. He has inherited genetic foibles from his ancestors; through the years his body visibly and obviously wears out; he knows that if he escapes trauma, cancer, racial poisons or heart failure, he will face the ills and disabilities of old age. To make matters worse he is hag-ridden by secret fears and superstitions and, as every doctor knows, he is only too ready to revert to infantile fantasies. A doctor therefore, who folds down the bed-clothes to examine a sick patient is confronted by something highly complex.

"So much for the patient. Now the doctor himself, being human, is not exempt from superstitions, fads and fallacies. It comes to this. The doctor-patient relationship is one of fidelity in that the doctor professes and holds out his powers to succour to the best of human resources, a highly complex sick man. Hence my early stress upon the world fidelity and I would now add as a requisite for a doctor the word maturity. We all understand what is implied by fidelity, but maturity is more difficult to define. It is, however, an essential quality for a good doctor. I would define maturity of character as a composite of some or all of the following ingredients, namely sincerity of purpose, responsibility for others, magnanimity, personal integrity to the point of being fastidious, resolution, acumen and foresight. These are the abiding principles in the future of medicine.—(*The Br. Jour. of Clin. Practice*, Feb. '57).

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Post-Prandial Placebo's From

OSWALD LEWIS' *"After-Dinner"*

Exercise

Henry Ford had the following motto over his fire place : *'Cut your own wood and it will warm you twice'*.

Experience

A wise man may learn from the experience of others, though a fool learns only from his own.—(*The Northward Course of Empire*, V. Stefansson).

Experts

(1) An American once defined a business consultant as "A man who knows less about your business than you do and gets paid more for telling you how to run it than you could possibly make out of it, even if you ran it the right way instead of the way he told you to".—(*The Investors' Chronicle*).

* * *

(2) The all-round man begins by knowing a little about many things, and goes on knowing less and less about more and more, until he knows nothing about everything.

* * *

(3) The specialist begins by knowing a good deal about a few things, and goes on knowing more and more about fewer and fewer, until he knows everything about nothing.—(*It Occurs to Me* : Lord Elton).

●

Faith

It is a good maxim to trust a person entirely or not at all.—(*Amelia, Henry Fielding*).

Fame

Most men are little talked of until there is some fault to be found with them.—(*Outlines of Criminal Law*, C. S. Kenny).

Fighting

'Why didn't you go to the help of the defendant in the fight ?' inquired the magistrate. 'I didn't know which of them was going to be the defendant, your honour,' replied the witness.—(*The Laughter Lover's Vade Mecum*).

Food

The influence of diet on national character should not be underestimated. Meat-eating nations have always ruled vegetarians !—(*My Four Years in Germany*, James W. Gerard).

* * *

Up to thirty, eat as much as you can. After thirty, as much as you want. After fifty, as little as you can do with.—(*Riceyman's Steps*: Arnold Bennett).

* * *

A Chinese cook was aked how he succeeded in giving the salad just a slight flavour of garlic–never too little or too much. He explained that he ate the garlic and then breathed over the salad !—(*Chinese Chops*).

* * *

Forgiveness

An old Dusun chief lay upon his death-bed. He had received the sacrament and the priest bent down and asked him if he had any enemies to forgive. 'No Father,' replied the ancient warrior, 'I have killed them all.'—*British North Borneo*, Owen Rutter).

●

Golf

For two hours the Committee of a Golf Club debated whether women players should be allowed to wear trousers on the links. They finally passed a resolution that 'Trousers may be worn by women golfers on the course, but must be taken off on entering the club-house.'—(*Daily Mirror*).

* * *

Guests

King Edward once sagaciously warned one of his ministers that what broke men down was not the work of their offices, but big dinners, late hours and casual speechifying after the office work of the day was over.—(*Recollections of Viscount Morley*).

●

Happiness

Not in doing what you like but in liking what you do is the secret of happiness.—(*J. M. Barrie*).

* * *

Horses

A Member of Parliament, speaking on the Army Estimates about remounts, said "I have but little sympathy with the horse ; I only know that it is an animal that bites you with one end, kicks you with the other, and makes you sore with its middle."—(*Wild Beasts and their Ways*, Samuel Baker).

* * *

Howlers

Ambiguity means having two wives at the same time.—(*Medley*).

* * *

Christians are only allowed one wife. This is called monotony.—(*The Table in a Roar*, James Ferguson).

* * *

The Minister of War is the clergyman who preaches to the soldiers in the barracks.

* * *

'Wind', wrote a little boy in his essay, 'is air when it gets in a hurry.'—(*400 Good Stories*).

* * *

A vacuum is nothing shut up in a box.

●

Insurance

An insurance agent was asked to break the news of a man's fatal accident to his widow. He knocked on the door and said "Madam, I am pleased to inform you that your husband has just won £ 2,000 in a railway accident."—(*The Tatler*).

*

Irishmen

Asked when the next train for Dublin would be, an Irish porter at Kildare station. Said "Ah ! begorrah, ye've just missed it, and there won't be another till this afternoon, and that doesn't stop here."

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